No. 2
1-4-41
17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18045

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 4-00

1. PLACE OF DEATH:

(a) County GREEN

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Everton
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Alfred Green

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nora Grace Fuller Green

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased December 24 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Knoxville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General farming

FATHER
12. Name William Green
13. Birthplace York Tenn
(City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Walker
15. Birthplace York Tenn
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs W F Collins

(b) Address Everton Mo R r

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-10-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel Cemetery

18. (a) Signature of funeral director Geneva Brown

(b) Address Walnut Grove Mo

19. (a) 5/9/1944 (Date received local registrar) (b) E W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from May 3 1944 to May 8 1944 that I last saw h alive on May 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — *Duration*

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E E Rockey (M. D. or other)

Address Springfield Mo Date signed 5/9/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Grace A Brim

Licensed Embalmer No. 2664

P. O. Address Woodland Iron

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.